DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

	Declaration Submitted			Filing I	Jaic				
	Declaration Submitted		ling (surcharge		Art Unit: U				
	(37 CFR 1.16(e)) requ	ired)		Examin	er Name: I	Jnknown			
My I bel inve the i	n below named invent residence, post office a lieve I am the original, ntor (if plural names a nvention entitled: ME ORMATION USING	iddress, and citize first and sole in re listed below) THOD AND A	zenship are as statement or (if only of the subject many part of the su	ne name atter whi OR SEC	is listed be ch is claime URELY P	low) or an old and for we represent the control of	which a pater G IDENTII	nt is sough	
⊠… □… Inte	specification of which: is attached hereto. was filed on mational Application N icable).	as United Jumber	l States Applicati	ion Num was ame	ber nded on (M	IM/DD/YY	or as	PCT	_(if
clair I acl I here 365(a also i	reby state that I have rems, as amended by any knowledge the duty to be claim foreign priority be of any PCT international adentified below, by checking a filing date before that of	amendment spedisclose information and information which do get the box, any foreign amendment of the box, any foreign amendment specific amendment	ecifically referred ation which is ma .C. 119(a)-(d) or 36; esignated at least one gn application for pa	d to above aterial to 5(b) of any e country of atent or inv	e. patentabilit foreign applic ther than the U	y as define ation(s) for pa	d in 37 CFR	1.56. or's certificate	e, or I have
	Prior Foreign		Foreign Filin		Priority 1	Not	Copy At	tached?	
Ap	olication Number(s)	Country	(MM/DD/Y	YYY)	Claime	d	YES	NO	
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	by claim the benefit under 3		d on a supplemental		a sheet PTO/S			U	
	by claim the benefit under 3				a sheet PTO/S	listed below.			
	by claim the benefit under 3	5 U.S.C. 119(e) of			a sheet PTO/S	listed below.	ed hereto.		
I here	Application of the benefit under 3 Application of the benefit under 3 Application of the benefit under 3 d States of America, listed of States or PCT Internations	on Number(s) ation numbers are lists U.S.C. 120 of any below and, insofar all application in the	isted on a supplement y United States applies the subject matter manner provided by	ntal priority ication(s), of er of each	riling data sheet PTO/S riling data sheet PT or 365(c) of an of the claims aragraph of 35	TO/SB/02B att	ached hereto. tional application is not disacknowledge	tion designation the duty to di	prior sclose
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Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Attorney Docket Number 10500.03.0717

COMPLETE IF KNOWN

Application Number: Unknown

First Named Inventor: Michael Chiviendacz et al.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transaction all business in the Patent and Trademark Office connected therewith:

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Michael J. Turgeon	39,404	Brent A. Boyd	51,020
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Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Name of Sole or First Inventor: Given Name (first and middle [if any])				☐ A petition has been filed for this unsigned inventor Family Name or Surname			
Inventor's Signature				Date			
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Given N	onal Joint I ame (first a		[if any])		en filed for this unsigned inventor illy Name or Surname		
			[if any])				
Given N			[if any])	Fam			
Given N Edward Inventor's		nd middle	[if any]) State: Texas	Fam Pillman	ily Name or Surname		
Given N Edward Inventor's Signature	ame (first an	nd middle	State: Texas	Fam Pillman Date	ily Name or Surname		